

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Mar 29, 2005 8:00 am
Secretary of State

02-28-2005 90222 015 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P04000049123					
1. Entity Name CNM N STALLERS INC.					
Principal Place of Business 7415 COUNTY RD. 30 PORT ST. JOE FL 32456			Mailing Address 7415 COUNTY RD. 30 PORT ST. JOE FL 32456		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 200874612	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Name CLAYTON, MICHAEL			Name		
Street Address (P.O. Box Number is Not Acceptable) 7415 COUNTY RD. 30 PORT ST. JOE FL 32456			Street Address (P.O. Box Number is Not Acceptable)		
City FL			City		
Zip Code			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div> <p>FILE NOW!!! FEE IS \$150.00</p> <p>After May 1, 2005 Fee Will Be \$550.00</p> <p>Make Check Payable to Florida Department of State</p> </div> <div> <p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p> <p>\$5.00 May Be Added to Fees</p> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLAYTON, MICHAEL		NAME		
STREET ADDRESS	7415 COUNTY RD. 30		STREET ADDRESS		
CITY- ST- ZIP	PORT ST. JOE FL 32456		CITY- ST- ZIP		
TITLE	VP/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MALLON, DUSTIN		NAME		
STREET ADDRESS	44 SQUIRE RD.		STREET ADDRESS		
CITY- ST- ZIP	APALACHICOLA FL 32320		CITY- ST- ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASTOR, KEITH		NAME		
STREET ADDRESS	1873 WAX MYRTLE RD.		STREET ADDRESS		
CITY- ST- ZIP	TALLAHASSEE FL 32302		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Michael Clayton</i>			SIGNATURE: <i>Michael Clayton</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date: <i>2/21/05</i> Daytime Phone #: <i>850 227-1035</i>		